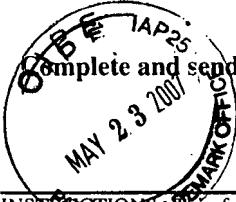


PART B - FEE(S) TRANSMITTAL

5-24-7



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

22511 7590 05/07/2007

OSHA LIANG L.L.P.
 1221 MCKINNEY STREET
 SUITE 2800
 HOUSTON, TX 77010

22511
 PATENT TRADEMARK OFFICE

05/25/2007 HUUONG2 00000076 09622137

01 FC:1501 1400.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/622,137 | 08/11/2000 | Michel Maillard | 11345.023001 | 8272 |

TITLE OF INVENTION: METHOD AND APPARATUS FOR RECORDING OF ENCRYPTED DIGITAL DATA

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$0 | \$0 | \$1400 | 08/07/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| HOFFMAN, BRANDON S | 2136 | 380-210000 |

| | | |
|---|---|---------------------------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1. Osha Liang LLP 2. 3. |
|---|---|---------------------------------------|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

THOMSON LICENSING S.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BOULOGNE-BILLANCOURT, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0591 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date May 23, 2007

Typed or printed name SAVATHAO OSH

Registration No. 33,583

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Docket No.: 11345/023001
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Michel A. Maillard et al.

22511

PATENT TRADEMARK OFFICE

Application No.: 09/622,137

Confirmation No.: 8272

Filed: August 11, 2000

Art Unit: 2136

For: METHOD AND APPARATUS FOR
RECORDING OF ENCRYPTED DIGITAL
DATA

Examiner: B. S. Hoffman

TRANSMITTAL LETTER

MS Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced
Patent Application:

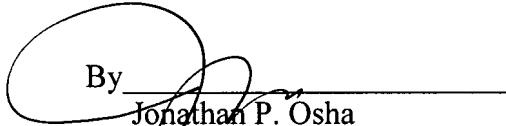
1. Part B - Fee(s) Transmittal (1 page);
2. Fee Transmittal (1 page);
3. Payment by credit card, Form PTO-2038 attached (1 page), charge \$1,400.00 to
credit card;
4. Certificate of Express Mailing (1 page); and
5. Return Receipt Postcard (1 page).

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0591, under Order No. 11345/023001.

Dated: May 23, 2007

Respectfully submitted,

By _____


Jonathan P. Osha
Registration No.: 33,986
OSHA · LIANG LLP
1221 McKinney St., Suite 2800
Houston, Texas 77010
(713) 228-8600



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| | | | |
|---|--|--|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007 | | Complete if Known | |
| | | Application Number | 09/622,137-Conf. #8272 |
| | | Filing Date | August 11, 2000 |
| | | First Named Inventor | Michel A. Maillard |
| | | Examiner Name | B. S. Hoffman |
| | | Art Unit | 2136 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | TOTAL AMOUNT OF PAYMENT (\$ 1,400.00) Attorney Docket No. 11345/023001 | |

| | | | | | |
|---|--|--|---|--|--|
| METHOD OF PAYMENT (check all that apply) | | | | | |
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below | | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | <input checked="" type="checkbox"/> Credit any overpayments | | |

| | | | | | | | |
|---|--------------------|---------------------|--------------------|---|-------------------------|---------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fees Paid (\$) |
| | Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| | Design | 200 | 100 | 100 | 50 | 130 | 65 |
| | Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| | Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | |
| Each claim over 20 (including Reissues) Fee (\$) 50 Fee (\$) 25 | | | | | | | |
| Each independent claim over 3 (including Reissues) Fee (\$) 200 Fee (\$) 100 | | | | | | | |
| Multiple dependent claims Fee (\$) 360 Fee (\$) 180 | | | | | | | |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) 24 - 25 = _____ x _____ = _____ | | | | Multiple Dependent Claims Fee (\$) Fee Paid (\$) _____ | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 5 - 5 = _____ x _____ = _____ | | | | Fee (\$) Fee Paid (\$) _____ | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) _____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____ | | | | Fees Paid (\$) _____ | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 1501 Utility issue fee Fee (\$) 1,400.00 | | | | | | | |

| | |
|-----------------------------------|------------------|
| SUBMITTED BY | |
| Signature | |
| Name (Print/Type) | Jonathan P. Osha |
| Registration No. (Attorney/Agent) | 33,986 |
| Telephone | (713) 228-8600 |
| Date | May 23, 2007 |

22511

PATENT TRADEMARK OFFICE



Application No. (if known): 09/622,137

Attorney Docket No.: 11345/023001

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on May 23, 2007
Date

Debra V. Wieser

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22511

Debra V. Wieser
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Registration Number, if applicable

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